

Under the provisions of Section 413.031 of the Texas Workers' Compensation Act, Title 5, Subtitle A of the Texas Labor Code, effective June 17, 2001 and Commission Rule 133.305, titled Medical Dispute Resolution-General, and 133.307, titled Medical Dispute Resolution of a Medical Fee Dispute, a review was conducted by the Division regarding a medical fee dispute between the requestor and the respondent named above. This dispute was received on 4/4/03.

## I. DISPUTE

Whether there should be additional reimbursement for 99213, 95851, 99070, E0745, E1399 from 2/6/02 through 12/3/02.

## II. RATIONALE

Rule 133.307 (g)(3)(B-D) states, “(3) If the request contains only medical fee disputes, the commission shall notify the parties and require the requestor to send to the commission, two copies of additional documentation relevant to the fee dispute. The additional documentation shall include:

(A) documentation of the request for and response to reconsideration (when a provider is requesting dispute resolution on a carrier reduction or denial of a medical bill) or, if the carrier failed to respond to the request for reconsideration, convincing evidence of the carrier's receipt of that request;

(B) a copy of any pertinent medical records or other documents relevant to the fee dispute;

DOS	CPT CODE	Billed	Paid	EOB Denial Code	MAR\$ (Maximum Allowable Reimbursement)	Reference	Rationale
2/6/02	99213	65.00	0.00	No legible EOB	\$48.00	Rule 133.307 (g)(3)(B)(D)	Rule 133.307 requires that requestor furnish copies of medical records to support delivery of service. The requestor failed to do so. Therefore, reimbursement is not recommended.
2/12/02	95851	75.00	0.00	No legible EOB	36.00	See above.	See above.
	99070	50.00	0.00	No legible EOB	DOP	See above.	See above.
	E1399	80.00	0.00	No EOB	DOP	See above.	See above.
10/14/02	E0745	295.00	0.00	No EOB	DOP	See above.	See above.
	E1399	80.00	0.00	No EOB	DOP	See above.	See above.

11/26802	99070	15.00	0.00	No EOB	DOP	See above.	See above.
12/3/02	E1399	80.00	0.00	No EOB	DOP	See above.	See above.
	E0745	495.00	0.00	No EOB	DOP	See above.	See above.
TOTAL							The requestor is not entitled to reimbursement.

### III. DECISION

Based upon the review of the disputed healthcare services within this request, the Division has determined that the requestor **is not** entitled to reimbursement for 99213, 95851, 99070, E0745, E1399.

The above Findings and Decision are hereby issued this 06th day of April 2004.

Noel L. Beavers  
Medical Dispute Resolution Officer  
Medical Review Division

NLB/nlb